

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

RECEIVED
SDNY PRO SE OFFICE
2019 JAN 24 PM 1:15

Debbie Chouneian

Write the full name of each plaintiff.

19 CV 748

CV

(Include case number if one has been assigned)

-against-

DHS / African American
Planning Commissions Inc

COMPLAINT

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

- ☐ Federal Question
- ☐ Diversity of Citizenship

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

Housing, exposing me to TB And
Mentally Ill People With Chronic Mental
Illness And Chronic Drug Users -
And denying me the right to safety

B. If you checked Diversity of Citizenship**1. Citizenship of the parties**

Of what State is each party a citizen?

The plaintiff, Debbie Chouneim, is a citizen of the State of
 (Plaintiff's name)

Manhattan NY NY 10003
 (State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

 If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, DHS, African American, is a citizen of the State of
(Defendant's name)

Planning Commission Inc.

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If the defendant is a corporation:

The defendant, DHS, AAPC Inc, is incorporated under the laws of
the State of New York

and has its principal place of business in the State of Manhattan

or is incorporated under the laws of (foreign state) NO

and has its principal place of business in _____.

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

Debrale A Ghouneim
First Name Middle Initial Last Name

555 W. 174 Street
Street Address

Manhattan NY 10003
County, City State Zip Code

Telephone Number

Soumia K 567@gmail.com
Email Address (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

First Name	Last Name	
Current Job Title (or other identifying information)		
Current Work Address (or other address where defendant may be served)		
County, City	State	Zip Code

Defendant 2:

First Name	Last Name	
Current Job Title (or other identifying information)		
Current Work Address (or other address where defendant may be served)		
County, City	State	Zip Code

Defendant 3:

First Name	Last Name	
Current Job Title (or other identifying information)		
Current Work Address (or other address where defendant may be served)		
County, City	State	Zip Code

Defendant 4:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

III. STATEMENT OF CLAIM

Place(s) of occurrence:

In Shelter

Date(s) of occurrence:

4/18/18 to 1/24/19**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

Since I enter the shelter I have been misled by staff they get your information and they are hard to find and reach, case managers, social workers, housing specialist. When you try to follow up after the following date they push you away start argument with you and even threatened to throw you out of a shelter because you complaint about when are you going to meet to find out about housing, cleanliness, drugs harassment unsafe conditions because I called the police constantly who know everything staff say I am crazy but they are stealing your information and not coming to work.

It's Clear that the staff have clients who are not working to help you find housing. Although the list that have been provided for me to look on my own I have done my part but they don't. I suspect that they even have someone sign them in and show up when it's time to clock out and clock themselves out. Working but not working getting paid to steal information and disappear —

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Lost of employment because they have my ~~for~~ information for people I work for because I need permission to stay out more than (3) days like the they have hurt me, my settlement is open —

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

Damages cause to me is 5 million dollars — I have done nothing but write these people have blackball my life and put my life at risk of infections, I have been to urgent care because of a bacteria infection and under DHS — nothing.

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

1/24/19
 Dated
Debbie A Ghouneim
 First Name Middle Initial Last Name
555 W. 174 Street Rm 3D
 Street Address
Manhattan NY 10063
 County, City State Zip Code
 Telephone Number Soumiak567@gmail.com
 Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☐ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.



United States District Court
Southern District of New York

Pro Se (Nonprisoner) Consent to Receive Documents Electronically

Parties who are not represented by an attorney and are not currently incarcerated may choose to receive documents in their cases electronically (by e-mail) instead of by regular mail. Receiving documents by regular mail is still an option, but if you would rather receive them only electronically, you must do the following:

1. Sign up for a PACER login and password by contacting PACER¹ at www.pacer.uscourts.gov or 1-800-676-6856;
2. Complete and sign this form.

If you consent to receive documents electronically, you will receive a Notice of Electronic Filing by e-mail each time a document is filed in your case. After receiving the notice, you are permitted one "free look" at the document by clicking on the hyperlinked document number in the e-mail.² Once you click the hyperlink and access the document, you may not be able to access the document for free again. After 15 days, the hyperlink will no longer provide free access. Any time that the hyperlink is accessed after the first "free look" or the 15 days, you will be asked for a PACER login and may be charged to view the document. For this reason, *you should print or save the document during the "free look" to avoid future charges.*

IMPORTANT NOTICE

Under Rule 5 of the Federal Rules of Civil Procedure, Local Civil Rule 5.2, and the Court's Electronic Case Filing Rules & Instructions, documents may be served by electronic means. If you register for electronic service:

1. You will no longer receive documents in the mail;
2. If you do not view and download your documents during your "free look" and within 15 days of when the court sends the e-mail notice, you will be charged for looking at the documents;
3. This service does *not* allow you to electronically file your documents;
4. It will be your duty to regularly review the docket sheet of the case.³

¹ Public Access to Court Electronic Records (PACER) (www.pacer.uscourts.gov) is an electronic public access service that allows users to obtain case and docket information from federal appellate, district, and bankruptcy courts, and the PACER Case Locator over the internet.

² You must review the Court's actual order, decree, or judgment and not rely on the description in the email notice alone. See ECF Rule 4.3

³ The docket sheet is the official record of all filings in a case. You can view the docket sheet, including images of electronically filed documents, using PACER or you can use one of the public access computers available in the Clerk's Office at the Court.

500 PEARL STREET | NEW YORK, NY 10007
300 QUARROPAS STREET | WHITE PLAINS, NY 10601

PRO SE INTAKE UNIT: 212-805-0175

CONSENT TO ELECTRONIC SERVICE

I hereby consent to receive electronic service of notices and documents in my case(s) listed below. I affirm that:

1. I have regular access to my e-mail account and to the internet and will check regularly for Notices of Electronic Filing;
2. I have established a PACER account;
3. I understand that electronic service is service under Rule 5 of the Federal Rules of Civil Procedure and Rule 5.2 of the Local Civil Rules, and that I will no longer receive paper copies of case filings, including motions, decisions, orders, and other documents;
4. I will promptly notify the Court if there is any change in my personal data, such as name, address, or e-mail address, or if I wish to cancel this consent to electronic service;
5. I understand that I must regularly review the docket sheet of my case so that I do not miss a filing; and
6. I understand that this consent applies only to the cases listed below and that if I file additional cases in which I would like to receive electronic service of notices of documents, I must file consent forms for those cases.

Civil case(s) filed in the Southern District of New York:

Note: This consent will apply to all cases that you have filed in this court, so please list all of your pending and terminated cases. For each case, include the case name and docket number (for example, John Doe v. New City, 10-CV-01234).

Please Send updates to my
Email Address

Debbie Ghounaim
Name (Last, First, MI)

555 W. 174 street NY 10003
Address City State Zip Code

Telephone Number Soumiak 567@gmail.com
E-mail Address

Date Debbie Ghounaim
Signature

Return completed form to:

Pro Se Intake Unit (Room 200)
500 Pearl Street
New York, NY 10007

REMEMBER: CALL "911" FOR EMERGENCIES ONLY!!!



INCIDENT INFORMATION SLIP

PD 301-164 (Rev. 3-98)

Date:

5/8/18

Welcome to the 79th Precinct located at 263 Tompkins Avenue, telephone number 718-636-6611. We hope your business with us was handled satisfactorily. Your particular matter has been assigned the following numbers:

Complaint Report No: _____

Accident Report No: _____

Aided Report No: _____

Reported to: ☐ Lt. ☐ Sgt. ☐ Det. ☒ P.O. ☐ SPAA ☐ PAA

Martinez

Location of Occurrence: _____

85 Lexington Ave

☐ St. ☐ Ave. ☐ Blvd. ☐ Ct. ☐ Rd. ☐ Pl.

(If location is an intersection indicate in line above)

Date & Time of Occurrence: _____

5/6/18 12 AM

- ☐ Assault
☐ Burglary
☐ Robbery
☐ Accident Report

- ☐ Petit Larceny
☐ Agg. Harassment
☐ Criminal Trespass
☐ Identity Theft

- ☐ Grand Larceny
☐ Rape
☒ GLA
☐ Harassment

- ☐ Criminal Mischief
☐ Lost Property
☐ Other: _____

Please keep this report should you have to refer to this matter in the future. If you need any further assistance feel free to contact us telephone number 718-636-6611. Please let us know if you have any suggestions on how we can better serve you. As you may already know, we will provide you with a crime prevention survey of your residence or business. Please ask for more information on this and other crime prevention initiatives. Our goal is to make you and your property safe.

COURTESY - PROFESSIONALISM - RESPECT

REMEMBER: CALL "911" FOR EMERGENCIES ONLY!!

Referred to: _____

79 PCA

Location: _____

263 Tompkins Ave



Client Name: Debbie Ghounneim

Date: 12/07/2018

Letter Number: 456298

Expiration Date: 04/06/2019

Potential Eligibility for a Rental Assistance Supplement

Debbie Ghounneim may be eligible for CityFHEPS. CityFHEPS helps eligible households rent and keep their housing. The household must find a qualifying apartment, Single Room Occupancy (SRO) unit, or room and receive final approval to receive the rental assistance supplement.

The maximum allowable monthly rent for each housing unit type is listed below:

- Apartment: \$1,246.00 for this household.
- Room: \$800 (only available for households of one (1) or two (2) adults).
- Single room occupancy unit: \$1,047 (only available for a single adult).

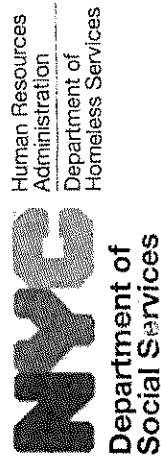
Landlords will receive the full first month's rent and the next three (3) or 11 months of the rental assistance supplement when the household is approved. Currently, landlords who rent an apartment may get a \$4,300.00 lease-signing bonus.

Landlords may also be eligible for a number of additional incentives. For more information on landlord incentives, visit www.nyc.gov/dsshousing.

Licensed brokers may receive a fee of up to 15% of the annual rent. The 15% broker's fee is available for packets submitted by June 30, 2019.

Refusal to accept CityFHEPS may constitute source of income discrimination under the NYC Human Rights Law Sec.8-107(5)(a)(1)-(2) and/or (c)(1)-(3).

See page 2 for required documents.



DSS-7b (E) 09/05/2018 (page 1 of 2) LLF

Client Name: Debbie Ghounheim

Date: 12/07/2018

Letter Number: 456298

Expiration Date: 04/06/2019

Potential Eligibility for a Rental Assistance Supplement

Debbie Ghounheim may be eligible for CityFHEPS. CityFHEPS helps eligible households rent and keep their housing. The household must find a qualifying apartment, Single Room Occupancy (SRO) unit, or room and receive final approval to receive the rental assistance supplement.

The maximum allowable monthly rent for each housing unit type is listed below:

- Apartment: \$1,246.00 for this household.
- Room: \$800 (only available for households of one (1) or two (2) adults).
- Single room occupancy unit: \$1,047 (only available for a single adult).

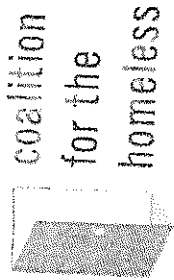
Landlords will receive the full first month's rent and the next three (3) or 11 months of the rental assistance supplement when the household is approved. Currently, landlords who rent an apartment may get a \$4,300.00 lease-signing bonus.

Landlords may also be eligible for a number of additional incentives. For more information on landlord incentives, visit www.nyc.gov/dsshousing.

Licensed brokers may receive a fee of up to 15% of the annual rent. The 15% broker's fee is available for packets submitted by June 30, 2019.

Refusal to accept CityFHEPS may constitute source of income discrimination under the NYC Human Rights Law Sec.8-107(5)(a)(1)-(2) and/or (c)(1)-(3).

See page 2 for required documents.



November 8, 2018

Jamaica Job Center #54
165-08 88th Avenue
Jamaica, NY 11432

Re: Debbie Ghounheim DOB:08/30/62

To Whom It May Concern;

I write on behalf of the above referenced client. It is my understanding that she has been approved by OTDA, through the fair hearing process, for a restaurant allowance as a result of her medical conditions as well as religious requirements and observances.

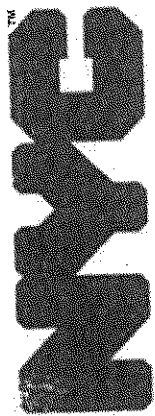
She has received these benefits on her pick up date on November 2nd but wants to be sure they will continue.

Can you review her benefits status with her and provide her with documentation of them?

Sincerely,

A handwritten signature in dark ink, appearing to read "L. Davis".

Lindsey Davis, LMSW
Senior Director of Crisis Services
Coalition for the Homeless
129 Fulton Street
New York, NY 10038
212-776-2012
ldavis@cfthomeless.org



Department of Homeless Services

Shelter Assessment/Applicant Information Document

Case Number: 11233085

Date: 11/07/2018

Time: 05:34 PM

Facility Name:

Facility Code:

Caseworker:

Case Data:

Head of Case Information:

Name:

First Name	DEBBIE	Middle Name	ANN
Last Name	GHOUNEIM	Suffix	
Mother's Last Name			

Demographics:

SSN:	00008891991F	OSIS ID:	
PA Case #:	00008891991F	Date of Birth:	00008891991F
Marital Status:	Separated	Gender:	Female
Primary Race:	Black or African American	Secondary Race:	
Veteran Status:	No	Preferred Language:	English
Client Creation Date:	11/13/2015	Ethnic Origin:	Non-Hispanic/Non-Latino
Adult/Child	Shelter Case	Citizenship Status:	N/A
Pregnant:	No		

Identification:

Type	Comments
Social security card	
Drivers License	

General Data:



DHS General Population Supportive Housing Application

Complete the Application Packages and Supporting Documents Indicated Below

1. The DHS General Population Supportive Housing Application.
2. A Comprehensive Psychosocial Summary completed or updated within the last 30 days.
3. PPD test results that are at least 6 months current, with results stated on page 3 of the Application.
4. Copies of Birth Certificate, Social Security Card, State issued ID, and income documentation is 30 days current. Also, if applicant is foreign born, a copy of both sides of the current Resident Alien Card.

Demographic Data

Applicant's
Last Name

Ghaneim

AKA

Last Name

First Name Debbie

Shelter Program

First Name

Tillary womens Shelter

HA#

200 Tillary Street

Street Program

Long-Term Shelter Stayer (730 days in last 4 years) Yes ☐ No ☐

Long Term Street Homeless (365 days in the last 2 years) Yes ☐ No ☐

Social Security # [REDACTED]

Veteran: Yes ☐ No ☒

If Yes, type of Discharge

Unknown

Date of Birth [REDACTED]

Age [REDACTED]

Marital Status (check one) ☒ Married

①

- CV -

Dear Suckey My mothering of the shelter
 voluntarily as a single woman, I did not know
 I would be exposed to unsanitary conditions -
 women coughing I suspect upper respiratory
 infections AND TB. I have trained in the
 medical field and know what to watch out
 for these women who I have come in contact
 with are Caribbean women from the Islands
 in order to complete a housing application
 you must be medically cleared I have been
 exposed to chronically mentally ill people
 who have hurt me (attached)
 Police reports - I have also been exposed
 to people who have and IS a chronic drug
 abuser. I have done all these issues now
 have I ever they recently transferred
 me to 95-65 Tuckerton Street for under
 CEO, Matthew O'Brien, Days Inn / DHS
 contractual agreements to house homeless
 women because I complained about the drugs
 and the client I shared a room with who has
 decided to make my living space unclean
 and constantly catching me more than weeks in